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Country programme document

Cameroon

Summary

The country programme document (CPD) for Cameroon is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $33,474,000 from regular resources, subject to the availability of funds, and $81,400,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2017.

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Programme rationale

1. Cameroon is rich in natural resources and in 2016 had a population of approximately 23.9 million (sex ratio: 100).[1] With a per capita gross domestic product (GDP) of $1,429 (current prices) in 2014, Cameroon is a lower-middle-income country. The Growth and Employment Strategy 2010-2020 (DSCE) of the Government of Cameroon is aimed at achieving high-middle-income status by 2035 and reducing the proportion of the population living in poverty (less than $1.25 per person per day) to 10 per cent. Real GDP growth has accelerated markedly in recent years, averaging 5.3 per cent per year between 2011 and 2015. As the DSCE has been concentrated on the economic determinants of growth rather than the social determinants, economic expansion has brought only a modest improvement in human development indicators.

2. The poverty rate decreased from 39.9 per cent[2] in 2001 to 37.5 per cent[3] in 2014. Poverty incidence is lower in urban areas (10 per cent) than rural areas (57 per cent). The number of people living in poverty in the North and Far North regions more than doubled between 2001 and 2014. Multidimensional child poverty is widespread in Cameroon: 66 per cent of children aged 0 to 17 years (89.7 per cent in the Far North and 80.9 per cent in the North) are simultaneously deprived in three dimensions (nutrition, health and water, sanitation and hygiene (WASH)).[4] Inequalities between the best-off and the worst-off have widened. As a consequence, most Millennium Development Goals have not been achieved, notably in health, nutrition, education and WASH.

3. The mortality rate for children under 5 years of age was 103 per 1,000 live births in 2014,[5] far above the Millennium Development Goal target of 45. The maternal mortality rate was 782 per 100,000 live births in 2011,[6] compared with the target of 108. Health services in the country are insufficient, and access and quality vary widely by geographic area, with the North and East regions the most underserved. Only 64 per cent of children under 1 year of age are fully vaccinated. HIV prevalence among people aged 15 to 49 years, estimated at 4.5 per cent in 2015,[7] is among the highest in the region. Significant gender disparities exist due to both the biological and social vulnerabilities of girls and women, with a seroprevalence rate of 0.4 per cent in young men aged 15 to 29 years compared with 4 per cent for young women in the same age group. Access to treatment remains low: only 13 per cent of eligible children received antiretroviral treatment in 2015.[8]

4. Over the past 25 years, limited progress has been made in reducing child undernutrition: 31.7 per cent of children were stunted in 2015, with significant geographic disparities (42 per cent in the Far North region; 15 per cent in Yaoundé).[9] As a result of the concerted efforts of partners over the past decade,

[1] United Nations, "World Population Prospects: The 2015 Revision-Key Findings and Advance Tables" Working Paper, No. ESA/P/WP.241. Available from https://esa.un.org/unpd/wpp/publications/files/key_findings_wpp_2015.pdf.

[2] National Institute of Statistics and Ministries of the Economy, Planning and Regional Development and of Public Health, Cameroon, Cameroon Households Survey (CHS) 2001.

[3] CHS 2014.

[4] Pauvreté et Privation des enfants au Cameroun : une Analyse Multidimensionnelle. L'analyse du chevauchement des privations multiples (MODA), Février 2017, Ministry of the Economy, Planning and Regional Development and UNICEF.

[5] UNICEF Multiple Indicator Cluster Survey (MICS) 2014.

[6] DHS/MICS 2011.

[7] Ibid.

[8] 2016-2018 National Operational Plan to accelerate children and adolescent HIV care and treatment, Ministry of Public Health, 2016.

[9] MICS 2014.

nutrition is now recognized by the Government as a national priority. However, nutrition interventions continue to be implemented in a fragmented way across several departments, resulting in a lack of synergy between sectors and stakeholders.

5. Around 73 per cent of the population has access to an improved water source and 52 per cent to improved sanitation facilities,[10] but those figures mask significant economic and geographic disparities: (a) 8 per cent of the population consumes unsafe surface water; (b) there is an approximately 40-per-cent difference between urban and rural sanitation coverage; (c) underserved areas of the country are subject to frequent cholera outbreaks; and (d) the proportion of the population practising open defecation has not changed since 2006 (7 per cent).

6. Access to preschool, primary and secondary education has increased significantly over the last decade. In 2014, more than 85 per cent of children aged 6 to 11 years were enrolled in primary school. The completion rate for primary education was 76 per cent (72 per cent for girls) nationwide against 63 per cent (52 per cent for girls) in the Far North.[11] The transition from primary to lower-secondary school was 56 per cent for children from the poorest households and 89 per cent for those from the richest. The proportion of out-of-school children was 14.5 per cent (16.4 per cent for girls) at the national level, but higher in the northern regions (35 per cent in the Far North). The education system still faces several challenges: (a) insufficient funding for the sector and inefficient management; (b) inappropriate learning environments; and (c) gender barriers and bottlenecks affecting girls' opportunities to access and complete basic education.

7. In Cameroon, violence against children, particularly girls, is widespread: 65 per cent of children are victims of physical violence in their homes, and 80 per cent of them experience emotional violence as a form of discipline.[12] The prevalence of violence cuts across gender, household economic situation and geographical disparities: in 2011, 22 per cent of girls aged 15 to 19 years reported experiencing sexual violence or rape at least once in their lives; in 60 per cent of the cases, the perpetrator was a husband or partner.[13] One-fifth of adolescents girls (15-19 years) are married or in a union. In the northern and eastern parts of the country, the proportion of girls married before the age of 18 years can reach 56 per cent. Currently 44 per cent of children under 5 do not have a birth certificate, with the lowest rates of birth registration in the Far North region (58 per cent).[14] In addition, the humanitarian crises in the Far North and East regions expose children to the most severe rights violations, including abduction, family separation, rape and arbitrary detention.

8. Gender inequalities are considerable: Cameroon ranked 132 out of 151 countries on the 2014 United Nations Development Programme gender inequality index.[15] The northern regions have the lowest rate of literate young women aged 15 to 24 years (less than 47 per cent compared with 68 per cent nationwide),[16] the lowest access for girls to primary and secondary school, the lowest score on the gender parity index for secondary education (0.5 for the North region), and the lowest rate of women's participation in associations (less than 37 per cent compared with 50 per cent nationwide).

[10] Ibid.
[11] Ministry of Basic Education, Statistical Yearbook, 2015.
[12] MICS 2014.
[13] DHS/MICS 2011.
[14] MICS 2014.
[15] See http://hdr.undp.org/en/composite/GII.
[16] Educational Monitoring Information System data, 2015.

9. Even before the current crisis in the Lake Chad Basin, the Far North suffered from chronic and structural poverty, limited investment by the Government in social services, food and nutrition insecurity and demographic pressure on limited resources. While Boko Haram has been moving away from direct confrontation with military forces, it is continuing to carry out deadly terror attacks.

10. Existing social assistance programmes benefit a tiny proportion of the population (about 1 per cent) and function only on an ad hoc and reactive basis. Households bear 65 per cent of health expenses.[17] School fees were eliminated for primary education in 2011, but households still bear other costs, such as mandatory contributions to parent-teacher associations, that are often higher than the abolished fees.

11. Emerging challenges that the country will need to take into consideration in the coming years include the young age of its population, rapid urbanization, planned economic and financial reforms,[18] increasing insecurity and crises and the effects of climate change. The population is overwhelmingly young, with more than half of the total population under the age of 20 years in 2015.[19] More than 54 per cent of Cameroonians live in urban areas. Rapid urbanization creates challenges for city planning and increases demand on urban land and services. In addition, climate change will lead to hotter days and longer heat waves, especially in northern Cameroon. It may negatively impact the country's economy by, for example, reducing agricultural yields for some key commodity crops, damaging labour productivity and increasing the risk of floods, health epidemics and nutrition insecurity.

12. Key lessons from the previous country programme include:

(a) Focusing on access and coverage with scarce resources limits the scale of implementation;

(b) Programming by sector reinforces silos and reduces cross-sectoral synergies;

(c) Implementing emergency responses in isolation weakens the links between humanitarian and development interventions;

(d) Positive outcomes derive from leveraging partnerships (United Nations system, civil society organizations, private or corporate sector, academia and the media) and resources (especially domestic ones);

(e) Strategic communication and advocacy create the conditions for scaling up interventions and reaching underserved areas while addressing bottlenecks and barriers, including outside the UNICEF mandate and areas of comparative advantage.

13. Recognizing the need to take into account the specific characteristics of Cameroon, a middle-income country with growing disparities, and the potential negative impact of financial and economic reforms, the country programme will target limited UNICEF resources to reach the most vulnerable children. The programme will:

(a) Support system strengthening to address key bottlenecks, with a focus on improving the quality of services;

[17] CHS 2014.

[18] See http://www.cemac.int/communique-presse/r%C3%A9union-du-comit%C3%A9-de-pilotage-de-pref-cemac.

[19] National Bureau of Census and Population Studies, Third General Census of Population and Housing, 2005.

(b) Leverage domestic resources for children to increase the fiscal space and influence the allocation of official development assistance;

(c) Model and showcase an integrated approach that delivers equitable and sustainable results with fewer resources;

(d) Strengthen integrated programming (planning, budgeting, implementation, monitoring and evaluation);

(e) Focus on policy and implementation levels through local governments, ensuring that they are empowered with the resources and responsibility to improve social services and resilience.

Programme priorities and partnerships

14. In line with the 2030 Agenda for Sustainable Development, the DSCE and the four pillars of the United Nations Development Assistance Framework (UNDAF) 2018-2020, the country programme will support the Government of Cameroon to ensure that children, especially the most vulnerable, enjoy their rights and that communities and systems are more resilient to shocks and vulnerabilities. The programme will focus on: (a) increasing the demand for social services; (b) improving the quality of those services; and (c) improving the enabling environment in which those services are offered.

15. The programme will be implemented through the following programme components, which bridge humanitarian and development aspects: child development (health, nutrition and HIV), aligned with UNDAF pillar 2 (health and nutrition); child learning (education), aligned with pillar 3 (education); child protection, aligned with pillar 1 (decent job and social inclusion); a safe and clean environment (WASH), aligned with pillar 4 (resilience); and social inclusion (social policy and social cohesion), aligned with pillar 1. UNICEF, in the spirit of "Delivering as one", will participate in three out of four joint programmes: (a) youth, led by the United Nations Population Fund (UNFPA) with the participation of UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-WOMEN), the International Labour Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNDP); (b) health and nutrition, led by the World Health Organization (WHO) with the participation of UNFPA, UNICEF, UNAIDS and the World Food Programme; and (c) resilience, led by UNICEF, with the participation of UNDP, the Food and Agricultural Organization of the United Nations, UNFPA, WHO, UN-WOMEN and the Office of the United Nations High Commissioner for Refugees.

16. In health, the programme will be focused on improving the availability and use of quality maternal, newborn, child and adolescent health services, especially for the most deprived and those living in underserved areas or affected by emergencies. The programme will support community health at both the policy and operational levels to increase the accessibility and affordability of quality health services. It will also promote appropriate care behaviours and positive social norms through advocacy for a system-wide approach to health, while addressing key bottlenecks, such as supply chain management, coordination, financial barriers and monitoring for results.

17. In nutrition, the focus will be on improving the demand for and use of high-quality and proven preventive and curative interventions for children and women of reproductive age and ensuring that nutrition service providers have the necessary capacity to deliver high-quality services for children and their mothers. The

programme will directly support the Government in the establishment of a robust multisectoral nutrition system that not only increases communities' knowledge of appropriate nutrition behaviours and the capacity to adopt them, but also supports the delivery of nutrition-specific and nutrition-sensitive interventions.

18. The HIV/AIDS component is in line with the 90-90-90 treatment target of the UNAIDS strategy,[20] which contributes to the vision outlined in the third Sustainable Development Goal of eliminating AIDS by 2030. The programme will ensure that social service providers can identify, treat and retain in care children and adolescents living with HIV. It will increase the knowledge and ability of families, adolescents and children, particularly girls, to seek HIV prevention, care and treatment services and to remain in the continuum of care.

19. In WASH, the focus will be on vulnerable people, including those affected by emergency situations, to improve their use of safe drinking water points and sanitation facilities and encourage them to adopt good hygiene practices. UNICEF will support the Government's planning and management of WASH services, help communities to prevent and respond to outbreaks of waterborne diseases and mitigate the potential effects of climate change.

20. In education, the programme will contribute to increased access to basic education for all children, especially girls and those who are vulnerable or out of school, by promoting enrolment and continued education (including transition to secondary school). The focus will be on improving the quality and gender sensitivity of education services, including improving teaching environments and the sector's management and coordination.

21. In child protection, the programme will contribute to ensuring that children, especially adolescent girls and those in humanitarian emergency settings, are better protected against violence, abuse, exploitation and harmful practices. The programme will strengthen formal and community-based child protection systems to allow for a more effective identification of and response to violations of children's rights, including in emergency situations. Special focus will be given to birth registration, children in conflict with the law, and ending child marriage.

22. In social inclusion, the country programme will contribute to increasing children's access to sustainable and well-funded social protection interventions, especially for the most disadvantaged children. Advocacy with the Government and partnerships with institutions such as the World Bank will be reinforced in order to address financial barriers to social services.

23. The programme will work with the Government and other partners to address community beliefs and attitudes towards harmful practices, including child marriage and sexual and domestic violence, aiming towards positive changes for children's well-being. This will require supporting families and communities to address such norms, while reinforcing existing norms favourable to children's well-being. Strategic partnerships will be fostered with community-based organizations and community leaders.

24. Increasing the capacity of service providers and the efficiency of service delivery in both development and humanitarian settings will improve the quality of social services. A focus on coverage and access is also critical to achieving sustained results, especially to ensure that services are available in remote areas and

[20] By 2020, 90 per cent of people living with HIV are diagnosed, 90 per cent of those people are receiving treatment and 90 per cent of those on antiretroviral treatment have an undetectable viral load.

for underserved populations. Partnerships with local councils will provide opportunities to scale up and promote equity.

25. The key obstacles to improving the enabling environment are inadequate policies, the low quality of social services, negative social norms and insufficient budgetary allocations to social services.[21] The programme will strengthen the technical capacity of policymakers to create policies based on evidence and informed by children's rights, risks and gender and equity disparities. The policies will be aimed at addressing the causes of such disparities and improving the allocation of resources to social sectors. Data on the situation of children, key bottlenecks and barriers and programme delivery will fuel advocacy for shaping policies and strategies and translating them into concrete action.

26. In recent years, Cameroon has faced multiple crises, including epidemics, conflicts and natural disasters. Such crises have become protracted and the country's ability to respond in a timely and effective manner is uneven. Therefore, the programme will help to build resilience by strengthening the links between humanitarian and development interventions, including work on social cohesion, conflict prevention and peacebuilding. In addition, emergency preparedness and response will be mainstreamed in all programme components.

27. To create the conditions necessary for results, the programme will promote a holistic and integrated approach centred on children and other rights-holders, using various entry points at the community and commune levels to strengthen quality service provision and systems. Social accountability, participation, advocacy and policy dialogue will underpin the programme in addition to the following cross-cutting strategies: (a) evidence generation and use; (b) gender mainstreaming; (c) a focus on youth and adolescents; (d) early childhood development; (e) the humanitarian-development nexus; (f) innovation for children; and (g) children as agents of change.

28. Strategic communication and partnerships with United Nations agencies and other development partners, the private sector, civil society organizations, the media and academia will be critical to ensuring that (a) children and communities participate in programmes; (b) adequate government coordination systems and mechanisms are in place; (c) community leaders support behaviour and social changes; (d) local councils' development plans integrate children's issues; (e) social services are affordable; and (f) policies and strategies are risk-informed, gender-sensitive and equity-focused.

29. To support the achievement of the country programme results, UNICEF will develop a two-pronged approach. At the national level, policy dialogue with the Government will promote advocacy for (a) sectoral reforms; (b) a focus on social capital, equity and gender; (c) effective coordination; and (d) strong ownership and accountability. To support the policy dialogue, strategic partnerships will be strengthened with bilateral and multilateral development partners, United Nations agencies and civil society organizations. At the implementation level, the focus will be on developing the capacity for the planning, programming and monitoring of decentralized entities and communities in order to improve social accountability and the quality of service delivery. The results at the implementation level will be used to influence policy decisions and to leverage resources. This will be done in the four most vulnerable regions (Far North, North, Adamawa and East) in line with the UNDAF.

30. The duration of the country programme is aligned with the UNDAF and the DSCE. During the programme cycle, UNICEF will develop a knowledge base on

[21] Report of the Strategic Moment of Reflection 2016, UNICEF Cameroon.

emerging issues, such as rapid urbanization and poverty in peri-urban areas, in order to identify the most relevant strategies to address them.

31. Underlying the programme is the assumption that the conditions necessary to achieve results are in place: (a) adequate financial resources are available; (b) right-holders (vulnerable populations) are aware of and prepared to claim their rights; and (c) the technical expertise exists to conceive, develop, implement and monitor social sector programmes. It is also assumed that the main duty-bearers will collaborate effectively to achieve the programme outcomes and that disparity-reduction policies will be adopted and implemented.

Programme effectiveness

32. The programme will continue to consolidate actions to support an integrated approach to children's issues through multisectoral diagnosis, joint planning, implementation, monitoring and reporting. Synergies and convergence will be reinforced by multisectoral monitoring and the implementation of an integrated package of interventions at the community and system levels. Cross-cutting components, such as equity, gender, convergence and innovations, will be mainstreamed into the process. Through joint programmes and the involvement of the Government and other partners, integrated approaches will be carefully documented to identify conditions for scale-up.

33. Consistent with the comparative advantages of UNICEF in Cameroon, the country office will advocate to the Government to invest in improved national data systems and to increase the allocation of resources to social sectors. The Government has focused its economic development strategy on infrastructure development to the detriment of social sectors, so there is a great need to mobilize local resources for children. Strategic partnerships will be maintained and extended, with a view to leveraging existing resources for children. Engagement with local private sector companies, begun within the framework of corporate social responsibility, will be maintained and broadened.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child development	8 400	47 500	55 900
Child learning	3 000	7 500	10 500
Child protection	2 800	4 500	7 300
Safe and clean environment	3 000	9 000	12 000
Social inclusion	1 700	1 500	3 200
Programme effectiveness	14 574	11 400	25 974
Total	**33 474**	**81 400**	**114 874**

Programme and risk management

34. Cooperation between the Government of Cameroon and UNICEF is coordinated by the Ministry of the Economy, Planning and Regional Development, which also coordinates the UNDAF. Nine other ministries contribute to the programme's implementation.

35. The economic downturn, conflicts and insecurity in vulnerable regions and climate constraints are key risks that may impede the expected change. The multi-year and multisectoral country programme has been planned in this context of high uncertainty and risk of repeated shocks, especially in the Far North region. The fact that different pathways are possible on the road to 2030 has been taken into account through multi-scenario planning, with the development of a range of programmatic responses to various potential situations and the identification of mitigation strategies. The country programme integrates the capacity for flexibility and agility in its response to enable timely shifts between humanitarian and development modes of achieving results, while remaining conflict-sensitive.

36. The close monitoring and assessment of the trigger indicators will mitigate risks, while strategic partnerships, especially with community-based organizations, will be developed to reach the most deprived children.

37. The country office in Yaoundé and the zonal offices in Bertoua and Maroua will operate the country programme, with the zonal offices advocating for and supporting the closing of gaps in access to services and in their quality. They will also be in charge of supporting the implementation of the modelling strategy. Both zonal offices will ensure the promotion, operability and effectiveness of social accountability for children's well-being.

38. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and achievements and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are described in the organization's programme and operations policies and procedures.

Monitoring and evaluation

39. The country office's ambition is to be a knowledge broker for children and a promoter of evidenced-based decision-making and management in social sectors. This will be done through key activities listed in the three-year integrated monitoring, research and evaluation plan. A major evaluation will be conducted on each of four areas: (a) health; (b) child protection; (c) HIV/AIDS; and (d) integrated programming. Evidence generated by the evaluations will inform strategic advocacy and learning during the country programme cycle and the development of the subsequent cycle.

40. Efficiency and performance will be monitored at the level of outputs and activities. For each level, agreed benchmarks will be established for regular field monitoring. The programme's contribution to the removal of key bottlenecks, notably those related to demand, the quality of services and the enabling environment, will also be tracked. Programme monitoring will support evidence-based programme management at all levels of operations, starting with those in charge of service delivery at the lowest levels of the system. On the basis of lessons learned from pilot data-collection initiatives in education and child protection, new technology will be used for real-time data collection and reporting. Participatory monitoring will be used to monitor progress in social accountability.

41. UNICEF will collaborate with other agencies to monitor the contributions of the United Nations system to the national development results outlined in the UNDAF. Joint capacity development for data collection, processing, analysis and the use and strengthening of national data systems will be done within this framework. Longitudinal data collection and qualitative methods will be used

during the cycle to assess programme delivery, as well as individual and collective behaviour change. A multiple indicator cluster survey will be conducted in 2019 to assess the advancement of children's rights at the impact level and the status of the Sustainable Development Goals relating to children.

42. To assess the effectiveness of strategies and implementation approaches, midyear and annual programme reviews will be held collaboratively with other United Nations agencies for joint programmes and with partners for programme outcomes outside joint programmes. Joint field visits will be conducted with the Government, development partners and civil society organizations as well as various rights-holders. This participatory monitoring will complement the quantitative data.

Annex

Results and resources framework

Cameroon – UNICEF country programme of cooperation, 2018-2020

Convention on the Rights of the Child: Articles 4-10; 12; 13; 15-20; 22-29; 31-40

National priorities:

- Reduce the vulnerability of the most marginalized (Sustainable Development Goals 1, 5, 8 and 9)
- Bridge the gaps, eliminate disparities and lift systemic bottlenecks in health and education (Sustainable Development Goals 3, 4, 6 and 10)
- Reinforce the resilience of populations exposed to or affected by natural and/or manmade crises (Sustainable Development Goals 2, 7, 13 and 16)

UNDAF outcomes involving UNICEF:

- **1.2**: By 2020, women, young people, children and vulnerable persons have increased and sustainable access to social protection measures for the reduction of violence and inequalities (child protection and social inclusion).
- **2.1**: By 2020, women, newborns, infants and adolescents have access to and equitably use quality health services (health).
- **2.2**: By 2020, women, men, adolescents and children have access to and equitably use prevention and care services for HIV/AIDS, tuberculosis, malaria and other transmissible diseases (HIV/AIDS).
- **2.3**: By 2020, children under 5 years of age and women in deprived zones have access to and equitably use malnutrition prevention and treatment services (nutrition).
- **3.1**: By 2020, infants, young people and people from vulnerable groups, especially girls, have equitable access to good quality education and instruction (education).
- **4.1**: By 2020, populations, especially vulnerable ones in the vulnerable zones, are resilient to man-made, natural and economic shocks (resilience).

Outcome indicators measuring change that include the contribution of UNICEF (outcome indicators, copied verbatim from UNDAF)

- Birth registration rate in vulnerable zones
- Proportion of women aged 20-24 married before 18
- Proportion of health facilities which provide an integrated package of maternal, neonatal, infant and reproductive health interventions
- Proportion of HIV+ people maintained in care one year after admission to ARV treatment
- Percentage of children aged 6 – 23 months receiving an acceptable diet
- Number of acute malnourished children admitted to treatment centres each year in the four priority regions
- Retention rates in priority schools

Related UNICEF Strategic Plan, 2014-2017 outcomes: (a) Health; (b) HIV and AIDS; (c) Water, sanitation and hygiene (WASH); (d) Nutrition; (e) Education; (f) Child protection; and (g) Social inclusion.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
1. Children and women in vulnerable regions have access to and use a package of quality promotional, preventive and curative health interventions, including in emergency situations	Percentage of pregnant women having received combined vaccine against diphtheria and tetanus (TD+) B: 74% T: 80%	Multiple indicator cluster survey (MICS)	By 2020, health workers (institutional and community) are capable of providing quality prevention and treatment services in the vulnerable regions, including in emergency situations. By 2020, there is an increased community demand for and use of health services in the vulnerable regions, including in emergency situations. By 2020, health policies in favour of maternal, newborn and child care at the national and decentralized levels are reinforced, including in emergency situations.	Ministry of Health, World Health Organization, United Nations Population Fund (UNFPA), Communities	3 000	15 000	18 000
	Percentage of children under the age of 5 years with diarrhoea B: 20 % T: 15%	MICS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
2. Children and women in vulnerable regions demand and use high-quality and proven preventive and curative nutrition interventions, including in emergency situations	Proportion of women who initiate breastfeeding within one hour of delivery B: 31% T: 50%	Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey	By 2020, nutrition service providers have an improved capacity to deliver nutrition-specific and nutrition-sensitive interventions for children under the age of 5 years and women in the vulnerable regions. By 2020, women and caregivers in the vulnerable regions are equipped with the knowledge and skills for improved child feeding and care practices. By 2020, a multisectoral nutrition system is established at the national and decentralized levels.	Ministries of Health, Agriculture and Higher Education, Prime Minister's Office, Helen Keller International	3 000	17 800	20 800
	Percentage of children (0-5 months) exclusively breastfed B: 28% T: 50%						
	Proportion of children (6-23 months) receiving a minimum acceptable diet B: 21% T: 40%						
	Proportion of children (6-59 months) covered with two annual doses of vitamin A supplements B: 95% T: >95%						
3. Children and women in vulnerable regions have continuous use of HIV/AIDS prevention, care and treatment services, including in emergency situations	Proportion of children and adolescents (0-19 years) living with HIV under antiretroviral treatment (ART) who have an undetectable viral load B: 13% T: 90%	Annual reports from the National AIDS Control Committee	By 2020, care providers are able to identify, treat and retain in care children and adolescents living with HIV in the vulnerable regions. By 2020, children, adolescents, pregnant women and their families have the knowledge and ability required to seek HIV prevention, care and treatment services and remain in the continuum of care in the	Ministries of Health, Youth Affairs and Women's Empowerment, Associations of people living with AIDS, Clinton Health Access Initiative, Elizabeth Glaser Pediatric AIDS Foundation	2 000	15 000	17 000
	Proportion of pregnant or breastfeeding women living with HIV under ART who have an undetectable viral load B: 72% T: 90%	Prevention of mother-to-child transmission of HIV progress reports					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) RR OR Total		
	Proportion of adolescents (15-19 years) who report having used condoms during their last sexual encounter with someone other than their spouse or cohabitating partner (in the last 12 months) B: 61.5% (male); 79.2% (female) T: 90% (male and female)		vulnerable regions By 2020, key actors have the required capacity to plan, coordinate, monitor and evaluate integrated HIV/AIDS interventions based on evidence, gender equality and equity	Centers for Disease Control/President's Emergency Plan for AIDS Relief, International Drug Purchase Facility (UNITAID), Islamic Development Bank, global funds, Joint United Nations Programme on HIV/AIDS			
4. Children and women in vulnerable regions use drinking water points and sanitation facilities and adopt good hygiene practices, including in emergency situations	Proportion of people using safely managed drinking water services B: 30% T: 40%	Activities progress reports WASH database	By 2020, facilities for safe drinking water and adequate sanitation are available in the vulnerable regions By 2020, health districts and municipalities are able to prevent and respond to cholera outbreaks in the vulnerable regions By 2020, the Government and key stakeholders (national and decentralized) have an improved capacity to legislate, coordinate, plan and monitor WASH services at the national, regional and municipal levels	Ministries of Water, Health, Basic Education, and the Economy, Planning and Regional Development, Non-governmental organizations, Municipalities	3 000	9 000	12 000
	Proportion of people using safely managed sanitation services, including handwashing facilities with soap and water B: 52% T: 60%	MICS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome, regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
5. School-age children, particularly girls and those in vulnerable regions, have access to quality basic education, including in emergency situations.	Gender parity index for primary education completion rate B: 0.91 T: 0.95 Survival/retention rate in primary education (girls and boys) B: 60% T: 62%	Statistical Yearbook	By 2020, schools in the vulnerable regions provide a quality teaching environment, including in emergencies. By 2020, participatory school and community-based structures in the vulnerable regions are equipped to mobilize parents on the importance of enrolling and keeping their children, especially girls, in school, including in emergencies. By 2020, key education stakeholders are equipped to plan and coordinate activities, including for emergencies.	World Bank, Ministries of Basic Education and Secondary Education, United Nations Educational, Scientific and Cultural Organization, Japan International Cooperation Agency, United States Agency for International Development, Department for International Development	3 000	7 500	10 500
6. Children, especially adolescent girls, in vulnerable regions are better protected from violence, abuse, exploitation and harmful practices, including in emergency situations.	Percentage of women (20-24 years) who were married or in a union before age 18 B: 31% T: 28% Proportion of children under 5 years of age whose births have been registered with a civil authority B: 66% T: 75%	MICS	By 2020, child protection service providers and community-based actors in the vulnerable regions are more able to prevent, identify, refer and respond to child rights violations, including in humanitarian emergencies. By 2020, adolescent girls and boys, parents and community leaders living in vulnerable	Ministries of Justice, Social Welfare, Decentralization and Health, UNFPA, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).	2 800	4 500	7 300

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)* RR	OR	Total
			regions have an increased knowledge of and capacity to prevent and respond to child rights violations, including child marriage. By 2020, the Government and key stakeholders (national and decentralized) have an increased capacity to coordinate, plan and monitor interventions in a legal framework to protect children.	Institute of Statistics			
7. Children and women in vulnerable regions have access to sustainable social protection interventions, including in emergency situations.	Number of children covered by cash transfer programmes B: 63,000 T: 120,000	World Bank Social Safety Net Project	By 2020, the Government and key stakeholders (national and decentralized) in the vulnerable regions have the capacity to implement national and local mechanisms for equity-focused and child-sensitive social protection. By 2020, the Government and key stakeholders (national and decentralized) in the vulnerable regions have the capacity to develop plans and budgets that are sensitive to equity and child rights.	Ministries of the Economy, Planning and Regional Development, Health and Basic Education, World Bank	1 700	1 500	3 200
	Percentage of the national budget allocated to social sectors (health and education) Health - B: 5% T: 6% Education - B: 10% T: 11%	Finance Act					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
8. The country programme is efficiently coordinated, managed and supported to meet quality programming standards for achieving results for children.	Number of surveys completed B: 0 T: 1 Number of major evaluations completed B: 0 T: 4	MICS Evaluations reports	Data to assess programme performance, children's rights and the status of the Sustainable Development Goals relating to children is produced and disseminated. Strategies to advocate and raise funds for the programme are implemented. Strategies to address cross-cutting sociocultural issues relating to children's rights are implemented. Guidance, technical capacity and resources to address humanitarian situations are available to UNICEF and partners.	Institute of Statistics; Ministry of Communication; Donors; Private sector; Goodwill Ambassadors	14 574	11 400	25 974
Total resources					**33 474**	**81 400**	**114 874**